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RULES AND REGULATIONS FOR CONTROL OF COMMUNICABLE DISEASES

State of Maine Department of Health and Welfare Maine. Bureau of Health

The Rules and Regulations for the Control of Communicable diseases prepared under the provisions of the Revised Statutes of Maine, 1944, Chapter 22, Sections 26, 27 and 9, and previous similar authority, and approved with amendments on May 25, 1943, January 26, 1944 and March 15, 1944, are hereby amended to read as follows:

Regulation 1

DEFINITIONS

Unless specifically provided herein, the following words and terms used in these rules and regulations are defined for the purpose thereof as follows:

- (1) (a) A "communicable" disease is any disease that can be contracted directly or indirectly from another person. All diseases called "infectious" and/or "contagious" are "communicable." Wherever the word "infectious" or the word "contagious" appears in these regulations, it means "communicable." (b) The terms "venereal" and "venereal disease" for the purposes of these regulations shall mean any of the following infections: chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum and syphilis.
- (2) The word "town" means and includes city, town, or organized plantation.
- (3) The term "local health officer" means the executive health officer appointed by the municipal officers as provided in Chapter 22, Section 34, R. S. 1944 (P. L. 1945, c. 351, Sec. 1).
- (4) The term "householder" means and includes the parents, guardians, care-takers, or other persons who have charge of children or minors, or of the household or of a number or group of persons who dwell together or have their lodging or board together, and to the keeper, superintendent, manager, or other person who has charge of an almshouse, work house, house of correction, jail, prison, hospital, or boarding school, camp or other institution; it also means and includes the master or other commanding officer of a ship or steamboat.
- (5) The word "department" means the Department of Health and Welfare.
- (6) The word "bureau" means the Bureau of Health.
- (7) Quarantine. The word "quarantine" as used herein with reference to control of any of the diseases listed under Regulation 29 applies to limitation of freedom of movement of persons or animals who have been exposed to a case of communicable disease.
- (8) Isolation. The word "isolation" as used herein with reference to the control of any of the diseases listed under Regulation 29, means the complete separation of persons who have a communicable disease, and their attendants, from other persons, in a room or apartment screened against flies and mosquitoes when practicable, under such conditions as to prevent direct or indirect infection of susceptible persons.
- (9) Contacts. Persons intimately exposed to any case of a communicable disease listed in Regulation 3 herein are designated as contacts and shall be subject to such quarantine measures as are indicated concerning such of said diseases as are listed under Regulation 29 herein.

- (10) Disinfection. This means the destruction, by chemical or physical means, of the vitality of micro-organisms which cause disease.
 (11) Concurrent Disinfection. Concurrent disinfection means the use of disinfecting methods immediately after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such discharges, before there is opportunity for any other contact with them.
 (12) Terminal Disinfection. Terminal disinfection means disinfection of everything that may have been infected by a patient, after the patient is no longer a source of infection, by reason of recovery or death or removal.

Regulation 2

DEPARTMENT TO SPECIFY ACCEPTABLE TECHNICIS

In keeping with scientific progress, or the needs of specific cases, the Department may specify from time to time those technics which are acceptable for the collection, handling, preservation, and examination of specimens for the control of cases or carriers of infectious diseases.

Regulation 3

NOTIFIABLE DISEASES

In accordance with Chapter 22, Sections 39, 61, 74 and 90, of the Revised Statutes of Maine, 1944, the following diseases are notifiable, and must be reported either to the local health officer or the Department of Health and Welfare, Bureau of Health, by the attending physician or the householder:

I. Common Communicable Diseases

- Actinomycosis
- *Chancroid
- Chickenpox (Varicella)
- Conjunctivitis of the New Born (Specify infectious agent)
- Diarrhea, Epidemic, of the New Born
- Diphtheria
- Dysentery, Amebic
- Dysentery, Bacillary
- Encephalitis, Encephalomyelitis, Infectious
- Food Infections (Salmonellosis)
- Food Poisoning (Staphylococcal)
- German Measles (Rubella)
- *Gonorrhea
- *Granuloma Inguinale
- Hepatitis, Infectious (Catarrhal Jaundice)
- Influenza (Report by total number only)
- *Lymphogranuloma Venereum
- Measles (Rubeola)
- Meningococcal Infections
- Mumps
- Pneumonia, Pneumococcal
- Pneumonia, Primary Atypical
- Poliomyelitis
- Rabies
- Smallpox (Variola)
- Streptococcal Nasopharyngitis, including Scarlet Fever and Septic Sore Throat
- *Syphilis
- Tuberculosis, Pulmonary
- Tuberculosis, Other than Pulmonary
- Typhoid and Paratyphoid Fevers
- Undulant Fever (Brucellosis)
- Weil's Disease
- Whooping Cough (Pertussis)

II. Rare or Exotic Communicable Diseases

- *Anthrax
- Cholera
- Dengue
- Glanders
- Hookworm
- Leprosy
- Malaria
- Plague
- Psittacosis
- Rat-bite Fever
- Rocky Mountain Spotted Fever
- Trachoma
- Tularemia
- Typhus
- Yellow Fever

III. Non-Communicable Diseases

- Acute Rheumatic Fever
- Botulism
- Trichinosis

IV. Occupational Diseases*

- Anthrax
- Lead, phosphorus, arsenic or mercury poisoning
- Other occupational diseases

* Indicates diseases to be reported direct to Bureau of Health.

Note: Under Rules and Regulations Relating to Infectious Diseases in Unorganized Townships (approved May 20, 1924), when any of the notifiable diseases appear or is suspected of being present in a house, woods camp, mill or similar place in an unorganized township, it shall be the duty of the householder, camp boss, manager or other person in charge of the involved group to report directly to the Bureau of Health.

Regulation 4

DUTY OF LOCAL HEALTH OFFICERS

It shall be the duty of local health officers to require that all state laws, rules and regulations of the Department of Health and Welfare, and local health ordinances, be strictly enforced in their respective communities, subject to the direction and supervision of the Department of Health and Welfare, Bureau of Health.

Regulation 5

REPORTS TO BUREAU OF HEALTH

Every local health officer shall report promptly to the Bureau of Health upon blanks furnished by the Bureau for that purpose, and at such times and in such manner as is provided by those blanks, all cases and outbreaks of the diseases which are enumerated above as notifiable to said Bureau.

Regulation 6

PRECAUTIONARY MEASURES

Physicians and attendants shall arrange for such precautionary measures, consistent with Department regulations, as are necessary to prevent the spread of infection to other members of the household or community.

Whenever a case of diphtheria, typhoid or paratyphoid fever, epidemic sore throat, dysentery, epidemic meningitis, poliomyelitis, tuberculosis, scarlet fever, smallpox, or a carrier of any of the above diseases, is found on a farm or in any other place producing or handling for sale milk, cream, ice cream, butter, cheese, or other foods likely to be consumed raw, it shall be the duty of the physician and attendant to put in operation the procedures outlined in Regulation 19 and report at once the case and circumstances to the local health officer.

Regulation 7

QUARANTINED PREMISES

When a person or a house, building or place has been put under quarantine by the local health officer, no person quarantined or persons within the quarantined area shall leave it, and no person outside shall enter it (except under the provisions of Regulation 10) nor shall they do anything in disobedience of the orders of the local health officer or regulations of the Department of Health and Welfare.

Regulation 8

CONTACTS AND SUSPECTS

Persons who have been exposed to an infectious or contagious disease, or who are suspected of having an infectious or contagious disease, or of being infectious or the carriers of infection, may be placed under quarantine until the period of incubation has elapsed, or until the nature and stage of the disease has been determined, or the period of infectiousness and danger to the public has ended; and said persons shall obey all orders and shall be guided by the instructions which may be given by the local health officer, or by an official of the Bureau of Health.

Regulation 9

CHILDREN

When the well children who remain in the same home with those who are sick under isolation, are permitted by the local health officer to play in their own yards, they shall be kept off the streets and from all places outside of their premises, and it shall be the duty of their parents, guardians, or other persons under whose charge they are, to keep said children within their own yards or on their own premises.

Whoever has custody of children, whether parents, teachers, or guardians of children in other homes or other places shall not allow the children under their charge to enter houses, premises, or yards, where persons are held under quarantine nor to play with children of families which are placed under quarantine.

Regulation 10

ADULTS NEED NOT ALWAYS BE QUARANTINED

When a person affected with a communicable disease is properly isolated on the premises (except in cases of smallpox, plague, typhus or Asiatic cholera) the adult members of the family or household, particularly the wage earners, who do not come in contact with the patient or with his secretions or excretions, unless forbidden by the local health officer, may continue their usual vocations, provided such vocations do not bring them in close contact or association with children; and provided further that they do not go into other persons' homes or attend any public entertainments, clubs, lodges, church services, etc., without permission from the local health officer.

Regulation 11

HOUSEHOLD PETS

Householders and those who have the care of the sick shall not allow a cat, dog, or other pet in a room where there is a person affected with any communicable disease, and when any of said diseases are present in a house or tenement, pets shall not be allowed to visit other homes. It shall be the duty of the local health officer to enforce this rule.

Regulation 12
INFECTIOUS BOOKS

Books or magazines which have been in infected homes or used by persons afflicted with a communicable disease shall not be again used except by permission of the local health officer.

Regulation 13
QUARANTINE IN CERTAIN EMERGENCIES

When any case of infectious disease is not or cannot be properly and suitably isolated on the premises, or cannot be removed to a hospital, it shall be the duty of the local health officer to forbid any member of the household from leaving the premises, except under such conditions as he may specify.

Regulation 14
MILKMEN, GROCERYMEN, ETC.

When milkmen deliver milk to persons, houses or premises which are under quarantine they shall empty the milk into covered containers placed outside the door of said house or premises, or shall deliver the milk in containers which shall not be used again, but shall be burned as soon as they are emptied. They shall not enter such premises nor remove milk bottles, nor take anything else therefrom until the household or premises have been released from quarantine and disinfected, and the bottles have been sterilized by boiling. If bottles have been delivered, they shall not be taken from the house until the quarantine has been raised and the bottles have been sterilized in accordance with the instructions of the local health officer.

Grocerymen and other persons delivering merchandise are forbidden to enter such premises or remove packages or other articles therefrom, until such articles have first been boiled or otherwise sterilized, under the instructions of the local health officer.

Regulation 15
DISINFECTION

After death, removal, or recovery of a person who has been sick with any of the diseases for which isolation is required, the rooms which have been occupied by such person shall, together with their contents, be thoroughly cleansed and disinfected. All persons who have been under isolation or quarantine regulations shall have their clothing disinfected and shall take a disinfecting bath before they are released. All disinfection prescribed in this rule shall be done to the satisfaction of the local health officer and in accordance with the directions for such work which may be given from time to time by the Department of Health and Welfare, Bureau of Health.

Regulation 16
FUNERALS

When any person has died of diphtheria, scarlet fever, poliomyelitis, bubonic plague or typhus, no public funeral shall be held either in any church, chapel or other public place, or in a home, until the premises where the person has been ill have been thoroughly cleansed and disinfected and the body embalmed; and in any case the members of the immediate family and contacts, being free of disease at the time, may, by permission of the local health officer, appear at the funeral only in a room separate from the general public.

In case of death from smallpox, psittacosis, or pneumonic plague there shall be no public funeral.

Regulation 17

DISREGARD OF QUARANTINE RULES

In case any of the provisions herein specified for isolation or quarantine or any of the orders of a local, state or district health officer relating thereto are violated or disobeyed, the local health officer may enforce isolation and quarantine, until the period of danger to public health has passed.

Regulation 18

DUTY OF OWNERS OR PERSONS IN CHARGE OF DAIRY FARMS

When no physician is in attendance, it shall be the duty of the owner or persons in charge of any farm or dairy, producing milk, cream, butter, cheese, or other food products likely to be consumed raw, to report immediately to the local health officer the name and address and all facts relating to the illness and physical condition of any person who is affected with any disease presumably infectious or contagious, and who is employed or resides on or in such farm or dairy, or comes in contact in any way therewith or with its products.

Regulation 19

DANGER OF INFECTING FOODS

When a case of diphtheria, typhoid fever, or paratyphoid fever, or a person who is a carrier of any of these diseases, or when a case of epidemic or septic sore throat, dysentery, poliomyelitis, tuberculosis, scarlet fever or smallpox exists on any farm or in any dairy, producing or handling milk, cream, ice cream, butter, cheese, or other foods likely to be consumed raw, or exists in any home or other place where such foods are produced, handled or sold, no such foods shall be sold or delivered from such farm, dairy, or other place, except under the following conditions:

- (a) That such foods are not brought into the house where such case exists.
- (b) That all persons coming in contact with such foods eat, sleep, and work wholly outside such house.
- (c) That such persons do not come in contact in any way with such house or its inmates or contents.
- (d) That said inmates are properly isolated and separated from all other parts of said farm or dairy, and efficiently cared for.
- (e) That a permit be issued by the local health officer.

Regulation 20

SPECIAL REPORTS OF DISEASES ON DAIRY FARMS

It shall be the duty of the local health officer to report immediately to the Department of Health and Welfare, Bureau of Health, the existence of any of the diseases enumerated in Regulation 19, on any farm or in any dairy producing milk, cream, butter or other dairy products for sale, together with all facts as to the isolation of such cases, and giving the names of the localities to which such dairy products are delivered.

Regulation 21

CARRIERS

Any person proved to be a carrier of disease germs shall be subject to such rules and regulations of the Department of Health and Welfare as said Department may deem necessary, for the protection of the public health in each individual case.

Regulation 22

PREVENTION OF OPHTHALMIA NEONATORUM

By virtue of the responsibility delegated by the legislature to the Department of Health and Welfare under Chapter 22, Section 120, Revised Statutes, 1944, (P. L. 1945, c. 180) a 1% solution of silver nitrate is hereby prescribed as the approved prophylactic solution to be instilled into the eyes of an infant immediately after birth by the physician, nurse or midwife in charge at any birth, unless either parent or guardian of the infant shall offer conscientious objections thereto.

Regulation 23

INSTRUCTION OF VENEREAL DISEASE PATIENT

It shall be the duty of every physician who examines or treats a person infected with venereal disease to instruct such person in measures preventing the spread of such disease and to inform him of the necessity for treatment until cured, and the Department of Health and Welfare shall supply circulars of information on venereal diseases which physicians may give to their patients.

Regulation 24

SPREAD OF VENEREAL DISEASE UNLAWFUL

No person shall expose another person to any of the said venereal diseases, or perform an act which exposes another person to infection with venereal disease.

Regulation 25

DELINQUENT VENEREAL DISEASE PATIENTS

Section 1. Whenever a patient suffering from venereal disease shall stop treatment with a physician while he is liable in said physician's opinion to spread the disease, said physician shall report such delinquent person in writing to the Bureau of Health, giving the name, address and occupation, (Chapter 22, Section 90, Revised Statutes, 1944), unless he is notified within seven days that such patient is being treated by another physician.

Section 2. Every physician shall inform his venereal patients that they are liable to be reported by name to the Bureau of Health if they cease treatment before the physician assures them they are not infectious, and may safely do so, or if they change doctors and the first doctor is not notified within seven days following such change. The physician shall also inform every venereal patient that he is liable to be quarantined by the local health officer if he refuses or neglects proper treatment while he is still contagious, or if he exposes another person to venereal disease.

Section 3. To avoid mistakes in such reporting of delinquent patients, every physician who treats a venereal case shall ask the patient at the first visit whether he has been recently treated by another physician and if this is the case, he shall at once notify the Bureau of Health.

Regulation 26

DRUGGISTS FORBIDDEN TO TREAT VENEREAL DISEASE

No druggist, or other person not a physician licensed under the laws of this State, shall give, sell, prescribe, or recommend to any person any drugs, medicines, or other substances to be used for the cure or alleviation of syphilis, gonococcus infection, chancre, granuloma inguinale or lymphogranuloma venereum or shall compound any drugs or medicines for said purposes from any written or printed formula or order, except on prescription bearing date written, number of patient, and signed by a physician licensed under the laws of this State, and no disposition of such medicines

shall be made to formula or order except on prescription bearing date written, number of patient, and signed by a physician licensed under the laws of this State, and no disposition of such medicines shall be made to any other than the person identified in such prescription.

Every prescription filled by or for a druggist intended for the treatment of gonococcus infection, syphilis, chancroid, granuloma inguinale or lymphogranuloma venereum shall be held accessible at all times to any accredited representative of the Department of Health and Welfare, for the purpose of ascertaining that physicians and druggists are complying with the regulations for the control of venereal diseases; and no copy of such prescription shall be released by or for a druggist, except to an accredited agent of the Department of Health and Welfare.

Note: Regulations by the State Commission of Pharmacy declare prescriptions for sulfonamide drugs non-refillable.

Regulation 27

DUTIES OF LOCAL HEALTH OFFICERS IN VENEREAL DISEASE CONTROL

Section 1. Local health officers may cause to be isolated persons who have venereal diseases in a communicable stage when:

- (a) Such persons do not place themselves under medical care within seven days after having been notified by said officer to do so.
- (b) Such persons after beginning treatment neglect for a period of two weeks or more to take regular treatments until the physician certifies that they are cured or non-infectious.
- (c) Such persons conduct themselves in such manner that in the opinion of said officer spread of the disease is likely.
- (d) When a representative of the Bureau of Health informs said local health officer that any one or more of the above circumstances prevail.

Regulation 28

ISOLATION AND QUARANTINE REQUIREMENTS FOR RARE OR EXOTIC DISEASES

Anthrax
Cholera
Dengue
Glanders
Hookworm
Leprosy
Malaria
Plague
Psittacosis
Rat-bite Fever
Rocky Mountain Spotted Fever
Trachoma
Tularemia
Typhus
Yellow Fever

The Department shall make such requirements as are necessary in the individual case or carrier of any of the diseases listed above, or the contacts of such cases or carriers, to assure the community of reasonable protection.

Regulation 29

ISOLATION AND QUARANTINE REQUIREMENTS FOR COMMON COMMUNICABLE DISEASES

Below are listed such of the notifiable diseases mentioned in Regulation 3 as are referred to in Regulation 1, Definition 9, together with statements of the required periods of isolation of the patient, the time and extent of such isolation, the period and extent of quarantine of persons who are contacts and whether or not the premises must be placarded.

ACTINOMYCOSIS

Control of Case:

1. Isolation is not required.
2. Placarding of the premises is not required.
3. Concurrent disinfection is required.
Articles soiled with discharges from lesions should be boiled or burned.
4. Terminal disinfection is required.

Control of Contacts:

1. No restriction or quarantine is required.

CHANCROID

The same rules and regulations governing the control of cases and contacts of gonorrhea shall apply to the control of cases and contacts of chancroid, except that:

Isolation may be terminated when all ulcers and discharging buboes are fully healed.

Quarantine, if established, may be terminated 10 days after the last exposure if there is no evidence of the disease found on a physical examination performed by a physician duly licensed to practice in the State of Maine.

CHICKENPOX (Varicella)

Control of Case:

1. Isolation is required for 7 days after the onset of the rash.
2. Placarding of the premises is required if isolation is not observed.
3. Concurrent disinfection is required.
All articles soiled by discharges from the nose, throat or lesions must be disinfected or burned.
4. Terminal disinfection is not required.

Control of Contacts:

1. No quarantine is required unless the diagnosis is uncertain.

CONJUNCTIVITIS OF THE NEW BORN (Infectious)

Control of Case:

1. Isolation is required.
2. Placarding of the premises is not required.
3. Concurrent disinfection is required.
Conjunctival discharges and articles soiled therewith shall be disinfected or destroyed by burning.
4. Terminal disinfection is not required.

Control of Contacts:

1. No restriction or quarantine is required.

DIARRHEA, EPIDEMIC, OF THE NEW BORN

Control of Case:

1. Isolation is required until recovery.
No healthy infant shall be admitted to a nursery unit in which a case of epidemic diarrhea is being treated. No healthy infant shall be admitted to a nursery unit in which a case of epidemic diarrhea has appeared until said unit has had satisfactory terminal disinfection. Nurses and attendants shall not care for both well infants and those with epidemic diarrhea. Articles of infant dress, nursery equipment and care shall be handled entirely separately from the similar articles used for well infants.
2. Placarding is not required.
3. Concurrent disinfection is required.
Infectious discharges and articles soiled therewith shall be burned, or sterilized by boiling or steam under pressure.
4. Terminal disinfection is required.

Control of Contacts:

1. Apparently well infants in an infected nursery unit shall not be transferred to an uninfected nursery for at least 14 days after the last case appears. Nursing and attendant personnel shall not be transferred to an uninfected nursing unit for at least 14 days after the last exposure.

DIPHTHERIA

Control of Case:

1. Isolation is required.
All persons ill with diphtheria must be isolated for at least 10 days after onset of the disease and until subsidence of the acute phase, and at least 3 consecutive cultures from both the nose and throat, taken at least 24 hours apart, have shown no diphtheria bacilli.
The patient may be released at any time if acceptable virulence tests done on 3 successive nose and throat cultures, taken at least 24 hours apart, are negative.
2. Placarding is required during the period of isolation.
3. Concurrent disinfection is required.
All articles which have been in contact with the patient and all articles soiled by nose and throat discharges of the patient must be disinfected or burned.
4. Terminal disinfection is required.

Control of Household Contacts:

1. Immediate contacts of cases or carriers shall remain under quarantine as long as the case or carrier is in isolation, and thereafter until 2 cultures from both the nose and the throat, taken at least 24 hours apart, are negative or show only avirulent diphtheria bacilli; EXCEPT that the wage earner, who has submitted 2 nose and throat cultures showing no or only avirulent diphtheria bacilli, may be permitted to continue his work provided cultures remain negative or avirulent, and he has no direct contact with the patient, is not a food handler, school teacher, or employed on a dairy or around a school, or other place where there are children; and provided, also, permission is granted in writing by the local or district health officer. In consideration of this modification of quarantine, the local health officer shall visit and inspect the placarded premises at least twice weekly in order to be assured that adequate isolation is being practiced. It is understood that this is not a blanket privilege for a wage earner, and that permission for this type of modified quarantine will be rescinded by the Department of Health and Welfare, Bureau of Health, if proper isolation of the patient or carrier is not carried out.

Note: "Immediate contacts" means those who remain in contact. Persons who have been in contact with a case or carrier and then leave the premises entirely should be quarantined until they furnish the necessary 2 negative or non-virulent nose and throat cultures taken at least 24 hours apart. Released non-immunes should be sure to consult a physician if any suspicious symptoms develop within a week or ten days after last contact with the case or carrier.

Control of Carriers:

1. A person suspected of being or proved to be a carrier of virulent diphtheria bacilli shall be isolated until 3 consecutive cultures from the nose and throat, taken at least 24 hours apart, are negative or show only non-virulent diphtheria organisms.
2. Placarding of the premises of a person suspected of being or proved to be a carrier is required throughout the period of his isolation.

DYSENTERY, AMEBIC

Control of Case:

1. Isolation is not required, except that those who are infected, including carriers, are prohibited from preparing or handling food until 3 successive acceptable stool specimens, taken not less than 72 hours apart, have shown no pathogenic amebae or their cysts.
2. Placarding of the premises is not required.
3. Concurrent disinfection is required.
All bowel discharges shall be disinfected by adding equal volumes of cresol or other equally effective disinfectant and stirring until all parts are thoroughly mixed with the disinfecting agent. This mixture shall be allowed to stand, protected from flies, for 30 minutes before being discharged into a sewer or privy vault. Bedpans and urinals shall be sterilized by steam, or remain immersed in 5% cresol or equally effective disinfectant when not in use.

Control of Contacts:

1. No restriction or quarantine is required.

DYSENTERY, BACILLARY

Control of Case:

1. Isolation in a screened room is required of all cases until acute symptoms subside, and thereafter until 3 acceptable stool specimens, taken not less than 24 hours apart, show no dysentery organisms on culture.
2. Placarding of the premises is not required.
3. Concurrent disinfection is required.
All feces and urine shall be mixed with equal volumes of cresol or other equally effective disinfectant and stirred until all parts come in contact with the disinfectant. The resulting mixture shall stand for at least 30 minutes, screened from flies, before being discharged into a sewer or privy vault. All articles soiled by urine or discharges from the bowel shall be sterilized by steam under pressure, or by boiling for 10 minutes. Bedpans and urinals shall be sterilized by steam, or remain immersed in a 5% solution of cresol or equally effective disinfectant while not in use.
4. Terminal disinfection is required.

Control of Contacts:

Same as typhoid fever.

Control of Carriers:

Definition: A bacillary dysentery carrier is a person who is discharging dysentery bacilli in his excreta, regularly or intermittently, in the absence of the signs and symptoms of the acute disease.

1. Reporting is required. When any physician or health officer has evidence that a person is a carrier of bacillary dysentery, he shall immediately report the fact to the Department of Health and Welfare, Bureau of Health, giving the full name, age, occupation and address of such carrier, together with any other information relating to the probable infection of other persons.
2. Isolation is not required providing the following conditions are adhered to:
 - a. Does not engage in an occupation involving the handling of milk or other food.

- b. Does not change his residence or employment without previously notifying the Department of Health and Welfare, Bureau of Health, or the district or local health officer in whose jurisdiction he lives, giving full information about his new address or employment. (The health officer shall notify the Bureau in case the carrier reports directly to him, and the Bureau shall relay to the health officer concerned all such information received by the Bureau.)
 - c. Submits promptly on request all information and specimens requested by a local or district health officer.
 - d. Excreta disposal and personal hygiene are satisfactory.
3. Carriers may be released from observation when 3 acceptable stool specimens, taken not less than 48 hours apart, show no dysentery bacilli on culture.

ENCEPHALITIS, ENCEPHALOMYELITIS, ACUTE INFECTIOUS

Control of Case:

1. Isolation is required for 7 days after the onset.
2. Placarding of the premises is not required.
3. Concurrent disinfection of nose and throat discharges is required.
4. Terminal disinfection is required.

Control of Contacts:

1. No restriction or quarantine is required.

FOOD INFECTIONS (Salmonellosis)

Control of Case:

1. Isolation is required until 2 specimens of feces, taken not less than 24 hours apart, show no pathogenic salmonella organisms on culture.
2. Placarding of the premises is not required.
3. Concurrent disinfection is required.
Feces and urine shall be mixed with equal volumes of cresol or other equally effective disinfectant and the mixture stirred until all parts have been thoroughly mixed with the disinfecting agent. This mixture shall be allowed to stand for 30 minutes, protected from flies, before being discharged into sewer or privy vault. Soiled articles shall be burned, or sterilized by steam under pressure or boiling. Bedpans shall be thoroughly cleansed after each use and sterilized by steam, or left immersed in a 5% cresol solution or other equal disinfectant when not in use.
4. Terminal disinfection is required.

Control of Contacts:

1. No restriction or quarantine is required.

Control of Carriers:

The definition of carrier and regulations for control are the same as those for control of dysentery carriers.

FOOD POISONING (Staphylococcal)

Control of Case:

1. Isolation is not required.
2. Placarding of the premises is not required.
3. Concurrent disinfection is not required.
4. Terminal disinfection is not required.

Control of Contacts:

1. No restriction or quarantine is required.

GERMAN MEASLES (Rubella)

Control of Case:

1. Isolation is not required.
2. Placarding of the premises is not required.
3. Concurrent disinfection is required.
4. Terminal disinfection is not required.

Control of Contacts:

1. No restriction or quarantine is required.

GONORRHEA

Control of Case:

1. Gonorrhea is a notifiable disease and must be reported by every physician, the chief officer having charge for the time being of any military post, hospital, asylum, dispensary, jail, sanatorium, or other similar private or public institution in the State. The report shall be in writing and forwarded directly to the Bureau of Health within 48 hours of the time the case comes to his knowledge or under his care or observation. The report shall be made on forms furnished and numbered by the Bureau of Health and shall state only the age, sex and color of the person infected. (See exceptions below.)

The physician or officer making the report shall keep a record of such venereal disease cases by number, name and address.

All cases of gonorrhea are required to be reported immediately to the Bureau of Health by name and address in addition to age, sex and color under the following conditions:

- a. All cases who fail to take the necessary treatment and who fail to remain under the observation of the attending licensed physician until a cure of the disease has been effected according to standards set up by the Bureau of Health.
 - b. All cases who conduct themselves in such a manner as to be dangerous to the public health or fail to observe the necessary precautions indicated in the treatment of the disease.
 - c. All cases where financial obligation for diagnosis, treatment or hospitalization is incurred by the Bureau of Health.
(Revised Statutes of Maine, 1944, Chapter 22, Sections 87-92.)
2. Isolation is not required if the patient is under appropriate medical treatment and refrains from conduct likely to spread the infection. However, infected persons shall not be allowed to engage in occupations involving the handling of children.
Isolation is required if an infected person fails to take sufficient treatment to make himself or herself noninfectious, or conducts himself or herself in ways likely to lead to infection of others.
If isolation is established the local health officer shall designate and define the limits of the area in which the infected person is to be isolated. No person other than the attending physician or immediate attendant shall enter or leave the area of isolation without permission of the local health authority.
Isolation may be terminated only after submitting 3 negative smears obtained at least 24 hours apart, or 2 negative cultures taken at least 48 hours apart with absence of clinical evidence of the disease on physical examination. The physical examination and the taking of smears or cultures shall be performed by a physician duly licensed to practice in the State of Maine. The smears or cultures shall be taken according to standards acceptable to the Bureau of Health and the laboratory examination of said smears or cultures shall be performed in a laboratory approved by the Bureau of Health.
 3. The premises may be placarded if the patient requires isolation.
 4. Concurrent disinfection is required.
All discharges of lesions and articles soiled therewith are to be boiled or destroyed by burning.
 5. Terminal disinfection is not required.

Control of Contacts:

1. No restrictions or quarantine are required for contacts who accept qualified medical advice and do not conduct themselves in a manner dangerous to the public health.
Isolation may be required:
 - a. Of persons who are exposed through direct contact with a case of infectious gonorrhea and do not submit to a medical examination by a licensed physician within a period of 4 days after being warned to do so by a representative of the Bureau of Health, or who conduct themselves in a manner likely to spread the infection.
 - b. Whenever a representative of the Bureau of Health has cause to believe any person is infected with gonorrhea and such person's conduct is such as to expose others to the dangers of infection. If isolation is established, the local health officer shall designate and define the limits of the area in which the supposedly infected person is to be quarantined. No person other than the attending physician or immediate attendant shall enter or leave the area of quarantine without permission of the local health authority. Isolation may be terminated when the contact or the suspected person is not infected as determined by 3 negative smears taken at least 24 hours apart, or 2 negative cultures taken at least 48 hours apart and there is no evidence of the disease on physical examination. The physical examination and the taking of smears or cultures shall be performed by a physician duly licensed to practice in the State of Maine. The smears or cultures shall be taken according to standards acceptable to the Bureau of Health and the laboratory examination of said smears or cultures shall be performed in a laboratory approved by the Bureau of Health.
2. The premises may be placarded if isolation is established.

GRANULOMA INGUINALE

The same rules and regulations governing the control of cases and contacts of gonorrhea shall apply to the control of cases and contacts of granuloma inguinale, except that:

Isolation may be terminated when all ulcers and discharging buboes are fully healed.

Quarantine, if established, may be terminated 3 months after the last exposure if there is no evidence of the disease found on a physical examination made by a physician duly licensed to practice in the State of Maine.

HEPATITIS, INFECTIOUS (Acute Catarrhal Jaundice)

Control of Case:

1. Isolation is required during the first 10 days of illness.
2. Placarding of the premises is not required.
3. Concurrent disinfection is required.
Discharges from the nose and throat and all articles soiled therewith are to be burned or sterilized by boiling, or steam under pressure. Urine and feces shall be disinfected by adding equal volumes cresol or other equally effective disinfectant and stirring the mixture until all parts have been thoroughly mixed with the disinfecting agent. This mixture shall be allowed to stand for 30 minutes before being discharged into a sewer or privy vault. Articles soiled by feces or urine are to be burned, or sterilized by boiling or steam under pressure.
4. Terminal disinfection is required.

Control of Contacts:

1. No restriction or quarantine is required.

INFLUENZA

Control of Case:

1. Reporting of influenza is required only by the total number of cases.
2. Isolation is required during the acute stage of the illness.
3. Placarding of the premises is not required, but visiting is to be discouraged.
4. Concurrent disinfection is required.
All discharges from the nose and throat and all articles soiled therewith are to be disinfected by burning or boiling.
5. Terminal disinfection is not required.

LYMPHOGRANULOMA VENEREUM

The same rules and regulations governing the control of cases and contacts of gonorrhea shall apply to the control of cases and contacts of lymphogranuloma venereum, except that:

Isolation if applied to the case may be terminated when all clinically evident lesions are healed.

Isolation of the contact may be terminated after a minimum observation period of 4 weeks following exposure if a qualified physician finds, at that time, no evidence of infection.

MEASLES (Rubeola)

Control of Case:

1. Isolation is required. Such isolation shall be to the extent that non-immune persons not previously exposed shall not come in contact with the patient from onset of catarrhal symptoms until 5 days after the appearance of the rash.
2. Placarding of the premises is not required.
3. Concurrent disinfection is required of all articles soiled with secretions of the nose and throat.
4. Terminal disinfection is not required.

Control of Contacts:

1. No restriction or quarantine is required, except that:
2. Non-immune school children should remain in isolation the second week after the onset of the rash on the case to which the last exposure was had.

MENINGOCOCCAL INFECTIONS

Control of Case:

1. Isolation is required for 7 days after the onset of the disease.
2. Placarding is not required.
3. Concurrent disinfection is required.
All articles soiled with discharges from the nose and throat shall be burned, or sterilized by boiling.
4. Terminal disinfection is required.

Control of Contacts:

1. No restriction or quarantine is required.

Control of Carriers:

1. No restrictions are required, except that a contact in intimate association with children shall refrain from such association for 7 days after isolation of the case, unless receiving chemoprophylaxis under the care of a licensed physician.

MUMPS

Control of Case:

1. Isolation from non-immune persons is required for not less than 1 week and thereafter until the swelling of the salivary glands has subsided.
2. Placarding of the premises is not required.
3. Concurrent disinfection is required.
Articles soiled by nose, mouth and throat discharges shall be burned, or sterilized by boiling.
4. Terminal disinfection is not required.

Control of Contacts:

1. No restriction or quarantine is required.

PNEUMONIA, PNEUMOCOCCAL

Control of Case:

1. Isolation is required during the acute stage of the disease.
2. Placarding of the premises is not required.
3. Concurrent disinfection is required.
All discharges from the nose and throat, and all articles soiled therewith shall be burned, or sterilized by boiling.
4. Terminal disinfection is required.

Control of Contacts:

1. No restriction or quarantine is required.

PNEUMONIA, PRIMARY ATYPICAL

Same as for Pneumococcal.

POLIOMYELITIS (Infantile Paralysis)

Control of Case:

1. Isolation is required for a minimum of 7 days from the onset of the disease, or until 48 hours after subsidence of fever; but in no case for more than 10 days.
2. Placarding of the premises is required for the period of isolation if isolation is not satisfactory.
3. Concurrent disinfection is required. Secretions from the nose and throat and articles soiled therewith should be burned or boiled.
4. Terminal disinfection is required.

Control of Contacts:

1. No quarantine is regularly required, except that:
2. Intimate contacts shall not associate closely with children for the two weeks following termination of contact with a case.

Approved by the Advisory Council of Health and Welfare, June 7, 1950.

RABIES

Control of Case:

1. Isolation is not required if the patient is under adequate medical supervision and the immediate attendants are warned of the possibility of inoculation by human virus.
2. Placarding of the premises is not required.
3. Concurrent disinfection is required.
Saliva of patients, and all articles soiled therewith shall be destroyed by burning, or sterilized by being placed in cresol or other equally effective disinfecting solution, or boiling.
4. Terminal disinfection is not required.

Control of Contacts:

1. No restriction or quarantine is required.

REGULATION OF THE STATE DEPARTMENT OF HEALTH AND WELFARE GOVERNING THE IMPORTATION OF DOGS INTO THE STATE OF MAINE, FOR THE PURPOSE OF GUARDING AGAINST THE IMPORTATION OF RABIES AND OTHER CANINE DISEASES INTO THE STATE, AND FOR THE CONTROL OF RABIES WITHIN THE STATE, PROMULGATED UNDER AUTHORITY OF CHAPTER 22, SECTION 26, REVISED STATUTES 1944.

1. All dogs imported into this state for any purpose, with the exception of those for exhibition purposes to be within the state for a limited period of time, shall be accompanied by a certificate of health issued by a licensed graduate veterinarian and approved by the proper livestock sanitary official of the state of origin, stating that the dog or dogs are free from symptoms of any infectious or communicable disease, did not originate within an area under quarantine for rabies and by reasonable investigation have not been exposed to rabies within 100 days prior to importation. A copy of the health certificate shall be forwarded promptly to the Department of Health and Welfare, Bureau of Health, Augusta, Maine.
2. Any person within the state owning, or having an interest in or having care, charge, control or possession of any dog in any place where rabies has occurred within a 50 mile radius during a preceding 6 months' period, shall make provision for and exercise such measures of control as may be prescribed by the Department.
3. Any dog which has been inoculated against rabies within one year as evidenced by a certificate of a registered veterinarian may, unless known to have been in contact with a supposedly rabid animal, be exempt from restraint.

SMALLPOX (Variola)

Control of Case:

1. Isolation is required. All cases of smallpox shall be isolated for a minimum period of 21 days and thereafter until all lesions have healed and the scabs have fallen off.
2. Placarding of the premises is required during the period of isolation.
3. Concurrent disinfection is required.
No articles are to leave the sickroom or the surroundings of the patient without boiling or equally effective disinfection.
4. Terminal disinfection is required, the details of which shall be specified by the district health officer.

Control of Contacts:

1. Control of contacts is required.
 - a. Household contacts shall be quarantined for a period of 16 days from date of last exposure to the case (isolation of the patient in the home does not terminate exposure of contacts); however, such contacts who demonstrate immunity to smallpox by virtue of having passed the height of an immune, accelerated, or primary

reaction to a vaccination administered within 72 hours after the initial contact with the case, may leave the premises provided they do not again enter these premises as long as they are placarded.

- b. Intimate contacts, who do not reside on the placarded premises, shall be quarantined for 16 days from the date of last exposure to the case or until they have demonstrated immunity to smallpox by virtue of having passed the height of an immune, accelerated, or primary reaction to a vaccination administered within 72 hours after the initial contact with the case.
- c. Casual contacts shall be quarantined for 16 days following the last exposure to the case unless they submit to vaccination within 4 days of the exposure and arrange for medical observation to assure a "take."

STREPTOCOCCAL NASOPHARYNGITIS, INCLUDING SCARLET FEVER AND SEPTIC SORE THROAT

Control of Case:

1. The patient must be isolated (a) for at least 10 days following the onset and until clinical recovery as reported by a physician following an examination of the nose, throat and lymph nodes; or (b) until 3 nose and throat cultures, taken at least 24 hours apart, do not show predominance of hemolytic streptococci.
2. Placarding is not required if isolation is adequate.
3. Concurrent disinfection is required.
Discharges from the nose and throat or localized lesion, and articles soiled therewith must be burned or sterilized by boiling or steam under pressure.
4. Terminal disinfection is required.

Control of Contacts:

1. No restriction or quarantine is required, except that no contact shall prepare foods, associate intimately with children, or work on a dairy farm or in a milk plant for the 10 days following termination of contact with a case.
2. The above restrictions may be removed at any time if 2 acceptable nose and throat cultures from the contact, taken at least 24 hours apart, show no predominance of hemolytic streptococci.

SYPHILIS

Control of Case:

1. Syphilis is a notifiable disease and must be reported by every physician, the chief officer having charge for the time being of any military post, hospital, asylum, dispensary, jail, sanatorium, or other similar private or public institution in the State. The report shall be in writing and forwarded directly to the Bureau of Health within 48 hours of the time the case comes to his knowledge or under his care or observation.

The report shall be made on forms furnished and numbered by the Bureau of Health and shall state only the age, sex and color of the person infected. (See exceptions below.)

The physician or officer making the report shall keep a record of such venereal disease cases by number, name and address.

All cases of syphilis are required to be reported immediately to the Bureau of Health by name and address in addition to age, sex and color under the following conditions:

- a. All cases who fail to take the necessary treatment and who fail to remain under the observation of the attending licensed physician until a cure of the disease or a stage of non-infectiousness has been effected according to standards set up by the Bureau of Health.

- b. All cases who conduct themselves in such a manner as to be dangerous to the public health or fail to observe the necessary precautions indicated in the treatment of the disease.
 - c. All cases where financial obligation for diagnosis, treatment or hospitalization is incurred by the Bureau of Health.
(Revised Statutes of Maine, 1944, Chapter 22, Sections 87, 90, 91, 92, 93.)
2. Isolation is not required if infected persons are under appropriate medical treatment and do not conduct themselves in a manner likely to spread their infection. However, a person with syphilis in the communicable period shall not engage in occupations of personal service such as nurse, barber, hairdresser, manicurist, chiropodist, bath attendant, masseur, etc.
Isolation is required for infected persons during the communicable period of the disease if they fail to take sufficient appropriate medical treatment to make them noninfectious, or conduct themselves in such a manner as to become a source of infection to others.
If isolation is established the local health officer shall designate and define the limits of the area in which the supposedly infected person is to be isolated. No person other than the attending physician or immediate attendant shall enter or leave the area of isolation without permission of the local health authority. Isolation may be terminated when all primary and secondary lesions have healed and the patient has received a minimum treatment of 10 arsenical injections or 3 million units of penicillin or other equivalent treatment.
 3. The premises may be placarded if the patient requires isolation.
 4. Concurrent disinfection is required.
All discharges from open lesions and articles soiled therewith are to be boiled, or destroyed by burning.
 5. Terminal disinfection is not required.

Control of Contacts:

1. No restrictions or quarantine are required for contacts who follow medical advice and do not conduct themselves in a manner dangerous to the public health.

Contacts may be isolated as are cases when:

- a. They are persons who are exposed through direct contact with a case of infectious syphilis and do not accept qualified medical advice within a period of 4 days after being warned to do so by a representative of the Bureau of Health, or who conduct themselves in a manner likely to spread infection.
- b. Whenever a representative of the Bureau of Health has cause to believe any person is infected with syphilis and such person conducts himself or herself in such a way as to expose others to the danger of infection.

If quarantine is established, the local health officer shall designate and define the limits of the area in which the supposedly infected person is to be quarantined. No person other than the attending physician or immediate attendant shall enter or leave the area of quarantine without permission of the local health authority.

Isolation may be terminated when the contact or suspected person is shown to be not infected by at least 3 physical examinations and 3 blood tests, the last test being completed at least 3 months after the last exposure. The physical examination shall be of a type acceptable to the Bureau of Health and shall be performed by a physician duly licensed to practice in the State of Maine. The serological tests shall be of a standard acceptable type and the test shall be performed in a laboratory approved by the Bureau of Health.

2. The premises may be placarded if isolation is required.

TUBERCULOSIS, PULMONARY (Specify Stage)

Control of Case:

1. Pulmonary tuberculosis is a notifiable disease and every physician in the State shall report in writing to the local health officer within 48 hours every case that comes to his knowledge. Such reports shall be complete as to name, age, sex, color, occupation, address, place where employed and such other facts as may be called for in the report.
 - a. Active case—a case in which repeated x-rays of the chest show an unstable (progressive or regressive) tuberculous lesion, or the sputum contains the tubercle bacilli.
 - b. Inactive case—is a person with sputum “negative” for tubercle bacilli whose serial chest x-rays show a stable lesion.
 - c. If sputum has been shown to contain tubercle bacilli by any standard technic it will continue to be considered “positive” until sufficient satisfactory samples are submitted for laboratory examination to establish the absence of tubercle bacilli.
2. Persons having active tuberculosis, and if not confined in a hospital or sanatorium, shall be responsible for the proper disposal of sputum by burning or disinfection. If said person fails to dispose of such sputum properly he may be isolated at home and if practical, to separate quarters.
3. No person having active tuberculosis may be employed as a food handler, restaurant worker, or in any other occupation where he endangers the public unless his employment and habits are such that the hazard to the public is insignificant.
4. Placarding of premises is required when sputum is positive and proper precautions as to sputum disposal are not carried out.
5. Concurrent disinfection is required.

All sputum and articles soiled therewith shall be burned, or sterilized by boiling for at least 3 minutes. Eating utensils used by the patient shall be kept in the patient's quarters and shall not be returned to general use until they have been boiled for at least 3 minutes.
6. Terminal disinfection is required.

Whenever any quarters or premises are vacated by the death or removal of a person having tuberculosis, the attending physician, the owner, lessee, occupant or other person having charge of such quarters or premises shall notify the local health officer of the town of said death or removal within 24 hours thereafter in accordance with Chapter 22, Section 76, of the Revised Statutes of Maine, 1944, and such quarters shall not again be occupied until duly disinfected, cleaned, or renovated.
7. Any person suspected by the Department of having pulmonary tuberculosis (a) as a result of contact with an active case, (b) with x-ray evidence of pulmonary disease, or (c) symptoms or signs resembling those of tuberculosis, may be required by the Department to have such chest x-rays or submit such sputum samples for examination as are necessary to determine the presence or absence of tuberculosis in a communicable form.

TYPHOID AND PARATYPHOID FEVERS

Control of Case:

1. Isolation is required. Cases of typhoid or paratyphoid fever shall be isolated in a room protected from flies until the temperature has been normal for 7 consecutive days, and kept under observation thereafter until 3 consecutive specimens of stool and urine, secured at least 24 hours apart, are negative for typhoid or paratyphoid bacilli, the first specimen to be taken not earlier than 1 month after onset of disease.
2. Placarding of the premises is not required if isolation is satisfactory.
3. Concurrent disinfection is required.

All feces and urine shall be mixed with cresol or other equally effective disinfectant and stirred until all parts come in contact with the disinfectant. The resulting mixture shall stand for at least 30 minutes, screened from flies, before being discharged into a sewer or privy vault. All articles soiled by urine or discharges from the bowel shall be sterilized by steam under pressure, or by boiling for 10 minutes. Bedpans and urinals may be sterilized by remaining immersed in 5% cresol or equally effective disinfectant while not in use.

4. Terminal disinfection is required.

Control of Contacts:

Note: Although no specific quarantine requirements are in effect for contacts it is expected that contacts will submit such stool and urine specimens as are necessary to make an early diagnosis of incipient secondary cases or to identify carriers.

Control of Carriers:

Section 1. A typhoid carrier is hereby defined to be a person whose discharges from the gastro-intestinal or urinary tracts contain typhoid or paratyphoid bacilli, regularly or intermittently, in the absence of the signs or symptoms of the acute disease.

Carriers who discharge typhoid or paratyphoid bacilli for less than one year after recovery from the disease will be considered convalescent carriers. Those who continue to discharge these germs for more than a year after recovery are hereby defined as chronic carriers.

Section 2. When any physician or health officer has evidence that a person is a typhoid carrier, he shall immediately report the fact to the Department of Health and Welfare, Bureau of Health, giving the full name, age, occupation and address of such carrier, together with any other information relating to the possible or probable infection of other persons. The district or local health officer shall inform each such person, or in case of a minor, his guardian, that this person is a typhoid carrier. He shall explain the precautions to be observed in disposal of discharges, and if necessary shall arrange for immunization of household and close contacts. The instructions given by the health officer shall include a copy of these rules and regulations and a copy of Form 209, "Instructions for Typhoid and Paratyphoid Carriers." He shall also explain the provisions of Section 21 of Chapter 22 of the Revised Statutes of Maine, 1944, regarding penalties for violations of rules and regulations of the Department of Health and Welfare.

Section 3. All carriers shall comply, in their personal hygiene practices, with the instructions issued by the Department (Form BH 209). An outside toilet or privy used by a typhoid carrier shall be so equipped that the vault shall exclude flies, and the seat cover shall be self-closing. The treatment, removal and disposal of the contents of the privy vault shall be in accordance with the instructions given by the district or local health officer. If a flush toilet is used, the method of ultimate sewage disposal must be approved by said health officer.

Section 4. No typhoid carrier shall change his residence or employment without previously notifying the Department of Health and Welfare, Bureau of Health, or the district or local health officer in whose jurisdiction he lives, giving complete information about his new address or employment. The local health officer shall notify the Bureau in case the carrier reports direct to him, and the Bureau shall relay to health officers concerned all such information received by the Bureau.

Section 5. The district health officer shall cause each typhoid carrier within his jurisdiction to be visited at least once every six months, in order to determine whether instructions are being complied with, and once in every six months he shall send a report regarding each carrier to the Bureau, using Form BH 210 of the Bureau.

Section 6. No typhoid carrier shall engage in an occupation involving the handling of milk or other food. No typhoid carrier shall be permitted to reside upon a dairy farm, except under conditions prescribed in Regulation 19 of Rules and Regulations for Control of Communicable Diseases.

Section 7. A typhoid carrier who is carrying the organisms in his gall-bladder, as evidenced by duodenal examinations, may make application to

the Department of Health and Welfare, Bureau of Health, for operation for removal of the gallbladder at the expense of the Bureau. The Bureau may authorize and pay from the typhoid carrier fund for such operation if it is performed in a hospital, and by a surgeon, both approved by the Bureau.

Section 8. A carrier shall not be discharged from observation, except with the approval of the Department of Health and Welfare, Bureau of Health, and in such manner as the director of said Bureau may prescribe in each individual case.

UNDULANT FEVER (Brucellosis)

Control of Case:

1. Isolation of the case is not required.
2. Placarding of the premises is not required.
3. Concurrent disinfection is not required.
4. Terminal disinfection is not required.

Control of Contact:

1. No restriction or quarantine required.

WEIL'S DISEASE (Hemorrhagic Jaundice)

Control of Case:

1. Isolation is not required.
2. Placarding of the premises is not required.
3. Concurrent disinfection is required.
All urine and other discharges shall be disinfected by adding equal volumes of cresol or other equally effective disinfectant and stirring the mixture until all parts have been thoroughly mixed with the disinfecting agent. This mixture shall be allowed to stand for at least 30 minutes prior to being discharged into a sewer or privy vault.
4. Terminal disinfection is not required.

WHOOPIING COUGH (Pertussis)

Control of Case:

1. Isolation is required for 3 weeks after the onset of the disease, but a patient may be granted the liberty of his own home and premises provided he does not come in contact with children.
2. Placarding of the premises is not required if isolation is maintained.
3. Concurrent disinfection is required.
Discharges from the nose and throat and articles soiled therewith should be burned, or sterilized by boiling.
4. Terminal disinfection is required.

Control of Contacts:

1. No quarantine or restriction needed, except that a non-immune child who develops any disturbance of the nose, throat or respiratory tract within 2 weeks of termination of contact with the case shall be restricted to his premises, and contact with other children for 10 days from the onset of said disturbance shall be prevented.

Approved by the Advisory Council of Health and Welfare, February 25, 1948

Regulation 30

ISOLATION TECHNICS IN HOSPITALS

A licensed general hospital with an organized staff may adopt, after approval by the Department, such isolation technics for the care of its in-patients with communicable or infectious diseases and the protection of its employees and other patients as may be agreed upon by the chiefs of the services and the hospital administration.

Approved by the Advisory Council of Health and Welfare, September 21, 1949.



